

To: KDHE Preparedness Program

From: County Health Department Administrator

Date:

Re: Local Public Health Department NIMS and PPE Work Plan Activity Statement of Attestment

1. I, \_\_\_\_\_, the Administrator of the \_\_\_\_\_ County Public Health Department attest that the \_\_\_\_\_ County Public Health Department conducts preparedness activities consistent with the *National Incident Management System (NIMS)* as outlined in the *Public Health Emergency Preparedness (PHEP) Cooperative Agreement* and *Kansas Executive Order 05-03*.

County Public Health Department staff are trained in NIMS and the Incident Command System (ICS) to a level appropriate to their level of responsibility within the health department and community emergency preparedness and response activities.

The health department maintains certification documents of staff member's successful completion of identified NIMS and ICS classes. (*Please list*)

<i>No.</i>	<i>Staff member:</i>	<i>Course number:</i>	<i>Course name:</i>	<i>Date completed:</i>
1				
2				
3				
4				
5				

2. The Administrator of the \_\_\_\_\_ County Public Health Department also attests that County Public Health Department staff are tested annually for the proper fitment of the N95 series face mask PPE (*Personal Protective Equipment*) or have received annual training on the donning and doffing of any of the PAPR (*Positive Air Pressure Respirator*) system in accordance with *OSHA respiratory protection standard, 29 CFR 1910.134, adopted April 8, 1998*.

The health department maintains certification documents of staff member's successful completion of fitting and/or training on their respective system. (*Please list*)

<i>No.</i>	<i>Staff member:</i>	<i>PPE type</i>	<i>Date completed:</i>
1			
2			
3			
4			
5			

3. The point of contact for this statement is the undersigned.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Name:

County Public Health Department Administrator

Address:

City, State, ZIP:

Email:

Phone Number: